

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith		x	
5/1/2003	Off. Malicki	x		

Review Date: 01/06/2017

M/V Crash 2016-15082

Officer: Off. Ljubicic #34

Squad #516

1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a. Off. Ljubicic hit a fixed object.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC	1	PEDV	1	TRFD	1	TRFC	1	WEAT	1	DRVA	1	VIS	1	VEHD	1	LGHT	1	COLL	1	MANV	1	PPA	99	PPL	9
U1	✓	U2	✓	U1	✓	U1	✓	U1	✓	U2	✓	U1	✓	U1	✓	U1	✓	U2	✓	U1	✓	U2	✓	U1	✓



P0113

U130277811

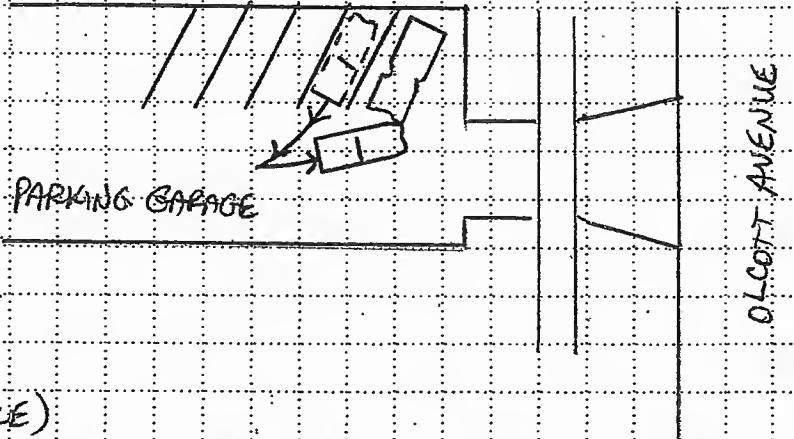
INVESTIGATING AGENCY NORRIDGE POLICE DEPT.										DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY			<input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500			TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED			<input checked="" type="checkbox"/> A. No Injury / Drive Away <input type="checkbox"/> B. Injury and / or Tow Due To Crash			AGENCY CRASH REPORT NO. 16 15082			TRFW 8
ADDRESS NO. 4020		HIGHWAY or STREET NAME N. OLcott AVENUE								City NORRIDGE	Township Cook	Intersection RELATED COUNTY PRIVATE PROPERTY	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 12/29/16	TIME 2:39	AM <input type="checkbox"/> PM	LARS CODE 1	VEHT U1 15							
(CIRCLE) <input type="checkbox"/> FT / M <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W										AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)			HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			DOORING WITH PEDALCYCLIST <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD 1	LARS CODE 99	U2 99						
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV										DATE OF BIRTH (LAST, FIRST, MI)			MAKE FORD	MODEL EXPLORER	YEAR 2014	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN			FRONT 8 1 2	Y <input checked="" type="checkbox"/> N	TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input checked="" type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR	ALGN 1			
STREET ADDRESS 4020 N. OLcott AVENUE										SEX F	SAFT 29	AIR	PLATE NO. MP10117	STATE IL	YEAR 2017	7 9 3	8 5 6 4	REAR REAR	RSUR 1						
CITY NORRIDGE		STATE IL	ZIP 60706	INJURY 0	EJECT 1	VIN IFM5K8AR3EGA38330	VEHICLE OWNER (LAST, FIRST MI) VILLAGE OF NORRIDGE			INSURANCE CO. UNDERWRITERS AT LLOYDS OF LONDON (IL)			VEHU U1 6												
TELEPHONE (708)453-4770		DRIVER LICENSE NO.		STATE IL	CLASS D	OWNER ADDRESS (STREET, CITY, STATE, ZIP) 14020 N. OLcott AVE, NORRIDGE, IL. 60706			TELEPHONE (708)453-4770	POLICY NO. BGP10005404		UNIT 1													
TAKEN TO N/A										EMS AGENCY N/A			OWNER ADDRESS (STREET, CITY, STATE, ZIP) 14020 N. OLcott AVE, NORRIDGE, IL. 60706			TELEPHONE (708)453-4770	POLICY NO.		UNIT 2						
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV										DATE OF BIRTH (LAST, FIRST, MI)			MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN			FRONT 8 1 2	Y <input checked="" type="checkbox"/> N	TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR	RDDEF 1			
STREET ADDRESS										SEX SAFT	AIR	PLATE NO.	STATE	YEAR	7 9 3	8 5 6 4	REAR REAR	BAC U1							
CITY		STATE	ZIP	INJURY	EJECT	VIN	VEHICLE OWNER (LAST, FIRST MI)			INSURANCE CO.			UNIT 3												
TELEPHONE		DRIVER LICENSE NO.		STATE	CLASS	OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE	POLICY NO.		UNIT 4													
TAKEN TO										EMS AGENCY			OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE	POLICY NO.		UNIT 5						
(UNIT 1) (SFAT)		(DOR)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES (UNIT 1)			(NAME) / (ADDRESS) / (TEL)			(HOSP)	(EMS)		UNIT 6								
		1 /															U1 1								
		1 /															U2								
		1 /															DIRP 3								
		1 /															U1								
		1 /															U2								
UNIT 1	(EVNO)	(MOSA)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME VILLAGE OF NORRIDGE				DAMAGED PROPERTY KUBOTA BX2370 SNOW TRACTOR				CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> N									
1	1	✓	205										PRIMARY	18	NOT POSTED	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE									
2		✓			PROPERTY OWNER ADDRESS 4000 N. OLcott AVENUE, NORRIDGE, IL. 60706				CITY STATE ZIP				SECONDARY												
3		✓			ARREST NAME				SECTION		CITATION NO.														
1		✓							SECTION		CITATION NO.														
2		✓			ARREST NAME				SECTION		CITATION NO.														
3		✓			OFFICER ID. 204	SIGNATURE <i>Sel D'Amelio</i>	BEAT / DIST.	SUPERVISOR ID. Cmdr. Waneff #103	DATE POLICE NOTIFIED mo / day / yr	TIME NOTIFIED : AM : PM	COURT DATE mo / day / yr	COURT TIME : AM : PM	WORKERS PRESENT? <input checked="" type="checkbox"/> N												

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

11130277840

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.

4020 N. OLcott AVE.



INDICATE NORTH BY ARROW

(DIAGRAM NOT TO SCALE)

NARRATIVE (Refer to vehicle by Unit No.)

IN SUMMARY: DRIVER OF UNIT 1 RELATED THAT SITE BACKED HER UNIT SOUTHWEST BOUND OUT OF A PARKING SPACE AT 4020 N. OLcott AVENUE. DRIVER OF UNIT 1 RELATED THAT SITE THEN PULLED FORWARD EASTBOUND WHEN THE DRIVER'S SIDE BUMPER OF UNIT 1 STRUCK THE DRIVER'S SIDE FRONT OF A KUBOTA SNOW TRACTOR PARKED TO THE EAST OF WHERE UNIT 1 HAD BEEN PARKED. THERE WERE NO REPORTED INJURIES.

LOCAL USE ONLY

U1 Color	BLACK	U2 Color	N/A
U1 Towed by / to	N/A	U2 Towed by / to	N/A

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

- Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
- Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
- Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transport - usually a van-type vehicle or passenger car); or
- Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
- Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNKDid HAZMAT Regulations violation contribute to the crash? Y N UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y NMCS Y N UNK Out of Service? Y N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y NTRAILER WIDTH(S): 0'-96" 97-102" >102"TRAILER 1 TRAILER 2

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Zeljka Ljubicic

Star #: 34

Date: January 16, 2017

TYPE OF VIOLATION

Attendance	Carelessness	Insubordination	Late Arrival/Early Quit
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment	Personal Business While on Duty
Unsatisfactory Work Performance	Violations of Policy/Procedure	X Motor Vehicle Crash	Missing a Court Date

Date of Violation: December 29, 2016

Time of Violation: 1439

DESCRIPTION OF VIOLATION:

Officer Ljubicic was involved in a "preventable property damage crash as determined by the accident review board. Accident review board classified the crash a 2a, in that the officer failed to exercise reasonable care. (16-15082) Struck a parked snow throwing vehicle .

OFFICER'S STATEMENT:

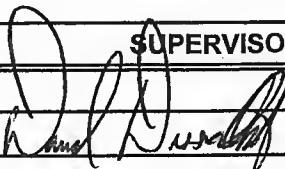
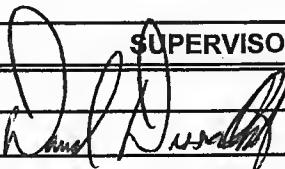
I agree with the above description I disagree with the above description

My reason is:

Officer's Signature

Star #

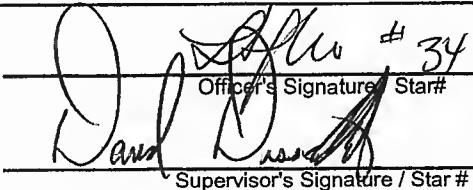
Date

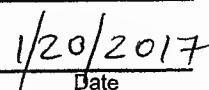
ACTION TAKEN		DATE	SUPERVISOR NAME & STAR
	Verbal Warning		
X	Written Warning	01/16/17	
	Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN:

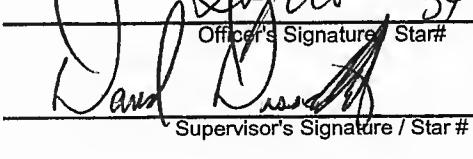
Per Department policy, a second violation within the next 24 months of the date of this violation will result in a 2 day suspension.

I have read and understand this warning;

 Officer's Signature Star#

 1/20/2017
Date

Supervisor Issuing Warning:

 Supervisor's Signature / Star #

 1/20/2017
Date